

# ORAL HISTORY VOLUNTEER APPLICATION

<b>NAME:</b>	(LAST) (FIRST) (M.I.)	<b>DATE:</b>	
<b>ADDRESS:</b>		<b>HOME #:</b>	
<b>CITY &amp; STATE:</b>		<b>ZIP CODE:</b>	
<b>CURRENT OCCUPATION:</b>		<b>WORK #:</b>	
		<b>Email:</b>	
<b>AVAILABILITY:</b>	<b>CIRCLE DAYS AVAILABLE:</b>	<b>MON</b>	<b>TUE</b>
<b>I PREFER:</b>	<b>A) MORNINGS</b>	<b>WED</b>	<b>THU</b>
<b>(CHECK ONE)</b>	<b>B) SHORT TERM</b>	<b>FRI</b>	<b>SAT</b>
	<b>C) REGULAR SCHEDULE</b>	<b>SUN</b>	
Number of hours available for volunteer work per week?			
<b>TYPE OF ACTIVITY:</b>	<b>STEERING COMMITTEE</b>	<b>COLLECTION AID</b>	
<b>CHECK ALL IN WHICH YOU HAVE INTEREST</b>	<b>INTERVIEWER</b>		
	<b>TRANSCRIPTION AID</b>		
<b>PRIOR EXPERIENCE:</b>			
<b>IF INTERESTED IN THE STEERING COMMITTEE, PLEASE SHARE WHY YOU WOULD BE A GOOD CANDIDATE – USE ADDITIONAL PAPER, IF NEEDED.</b>			
<b>REFERENCES:</b>			
	1. NAME ADDRESS PHONE NUMBER		
	2. NAME ADDRESS PHONE NUMBER		
<b>CONTACT IN CASE OF EMERGENCY:</b>	(NAME) (RELATIONSHIP)		
<b>ADDRESS:</b>		<b>PHONE:</b>	